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Anti-Social Histories in Young Alcoholics*

Douglas Kolb and E. K. Eric Gunderson

Summary

Family and social history information was obtained on a group of young Navy men (17 to 19 years old) admitted to alcohol rehabilitation facilities during 1975-1976. The frequency of a diagnosis of antisocial personality was determined for the group. Although only 4% of the men were diagnosed "anti-social personality" by available criteria, the evidence of antisocial behavior was extensive. Comparisons of the young Navy men with groups of adolescents seen for alcohol problems in civilian clinical settings indicated more severe acting out behavior in the Navy population. Comparisons with groups of Navy drug abusers and non-users indicated the young alcoholics more closely resembled heavy pre-service drug abusers. The implications for treatment and continued management in the Navy are discussed.

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Anti-Social Histories in Young Alcoholics*

Douglas Kolb and E. K. Eric Gunderson

Studies of Navy enlisted men treated for alcoholism have consistently found lower effectiveness rates following treatment among younger men (≤ 25 years old) than older men (> 25 years old) (1-4). A man was considered effective if, 6 months after completing rehabilitation he was on active duty or had been discharged from service with a satisfactory discharge and had no recommendation against reenlistment. The youngest men with the least years of service and the lowest pay grades had the highest rates of premature discharge for reasons of unsuitability, unfitness, and misconduct. The reasons for their failure to benefit from treatment are not clearly understood. It was suggested that, for many of them, alcohol abuse was symptomatic of underlying behavior problems and that the treatment offered, with its strong Alcoholics Anonymous orientation, was not appropriate. The evidence for behavior problems underlying alcohol abuse included frequent disciplinary difficulties and failures to advance prior to entering rehabilitation. The presence of both disciplinary problems and alcohol abuse early in life strongly suggested a diagnosis of antisocial personality (5-7). If antisocial personalities are frequently represented among the young men referred, then treatment designed to control alcoholism and bring about behavioral changes necessary for effective military performance will be, at best, only partially

successful. Accordingly, a detailed examination of pre-service family and social histories was undertaken for the youngest group of men (age 17 to 19 years) recently admitted to rehabilitation. Applying recognized criteria (8, 9), the frequency of a diagnosis of antisocial personality was determined.

The study was restricted to the youngest men because of the high rate of treatment failures reported for this age group and because of recent investigations emphasizing alcohol abuse among late adolescents, including Navy recruits (10-12). Further, demographic statistics for all Navy accessions indicate that the percentage of those 17- to 19-years old has increased from 38% in fiscal year 1969 to 58% in fiscal year 1974. Thus, the Navy will need to cope with problems of alcohol abuse among a larger number of its youngest members in the foreseeable future.

Method

The subjects were 334 Navy enlisted men, 17- to 19-years old, admitted to alcohol rehabilitation facilities from mid-1975 through June 1976. During the first week in treatment the men completed a battery of psychological tests including a detailed biographical questionnaire. Questions covered personal and social history, family emotional illness, alcohol use history, and military experience. Approximately 60% of the same men completed a shorter biographical questionnaire at the end of rehabilitation. Frequency distributions were obtained for items related to social, family, and military history indicating antisocial behavior. A variable, labeled antisocial personality, was created based on responses to questions in four areas: (1) suspensions or expulsions from school; (2) running away from home prior to age 15; (3) police

or arrest record prior to age 16 or placement in reform school; (4) wandering from place to place for more than 3 months with no job or using an alias. All men were scored on this variable which had a range of 0 to 4.

Results

Items descriptive of the population were grouped according to content and are presented in Table 1 and are as follows: I. Demography; II. Family Background, III. Personal and Social Adjustment, VI. Military Adjustment, and V. Alcohol Related History.

I. Demography

Sixty-three percent of the men were 19-years old at the time of admission to alcohol rehabilitation; the remaining 37% were 17 or 18. Seventy percent were in the lowest pay grades (E-1 and E-2), and nearly all, 97%, had been in service 2 years or less. As might be expected, the great majority of them (91%) were single and had never been married. Ethnic origin included several recognized minority groups: 4% were Mexican-American; 4% were Black, 6% were American Indian; 2% were other minorities, and 84% were Other Caucasian.

II. Family Background

More than half of the men (54%) came from broken homes; 16% reported that they had been adopted. Fathers were described as heavy drinkers or alcoholic by 41% of the sample and mothers by 12%. Incidence of health and social problems were reported for close family members (fathers, mothers, brothers, or sisters) as follows: 23% reported that they had close relatives hospitalized for a mental problem; 28% indicated that close relatives had seen mental

health professionals; 27% reported that a close family member had been depressed for two or more weeks and unable to carry out usual activities; 18% reported that close relatives had been convicted of felonies and a like percentage indicated relatives with health problems related to legal or illegal drug abuse.

III. Personal and Social Adjustment

A number of items indicated marginal school adjustment: 72% did not graduate from high school; suspensions or expulsions were reported by 64%, grade failures by 37%, and course failures by 59%. Not only had a large majority (90%) played hookey, but 41% of them had done so more than 11 times in a semester.

More than two-fifths reported running away from home prior to age 15, and 21% indicated that they had "wandered" without a job for more than 3 months. Asked if they had ever used an alias, 18% responded affirmatively. Arrest or police records prior to age 16 were acknowledged by 30%; after age 16, 41% had been arrested for a misdemeanor and 16% for a felony. Moving or traffic violations were reported by 58%. Sixteen percent of the men had spent time in reform schools, and three-fifths had spent time in civilian jails.

IV. Military Adjustment

Disciplinary difficulties in the service were reported by large percentages of the sample: 85% had been "put on report"; 68% had had a Captain's Mast; 9% had been court-martialed, and 22% had spent time in the brig. Thirty percent reported disciplinary action pending at the time of admission

to alcohol rehabilitation. One-third stated that they had been reduced in pay grade. More than half, 58%, were indifferent, uncertain, or dissatisfied with respect to their service job specialties.

V. Alcohol Related History

A large proportion (90%) of the men began drinking at age 16 or younger. Most of them recognized that they had alcohol problems and many admitted to having had a problem for several years. Nearly half of them (47%) had tried Alcoholics Anonymous, but only one-fourth had been "on the wagon" for more than a month. Many acknowledged school problems (46%), missing promotion (41%), or being demoted (35%) due to alcohol use. The most common physical symptoms associated with alcohol use were blackouts reported by 89% of the men and "shakes the morning after" by 61%. What might be considered more serious symptoms--hallucinations, convulsions, and vomiting blood--were acknowledged by 24%, 14%, and 19% of the men, respectively. Forty-four percent had consulted a physician or professional mental health worker seeking help to stop drinking; 5% reported that a doctor had told them that they had liver problems and 2%, pancreatitis.

Insert Table 1 about here

The number of men who met all four criteria for a diagnosis of anti-social personality represented 4% of the population. Another 13% met three of the criteria; 30%, two; 32%, one criterion, and 20% met none of the criteria.

Discussion

The findings point up the difficulty of determining the role of antisocial behavior in referrals for alcoholism in this population of late adolescents. Few of them could be diagnosed antisocial personality by the available criteria and thus establish the primacy of a behavioral disorder. It may be that the information available was insufficient to establish a definite diagnosis (8,9). Because of their youth, it was unlikely that this group would have work or marital histories of any duration. Further, data were minimal or completely lacking in several areas which are diagnostically important, notably, sexual history and interpersonal, family, and peer relationships. Some of the information needed to make a diagnosis is not easily obtained by means of self-report questionnaires; clinical interviews with a sample of these young men might be needed to further clarify the extent of behavior disorders among them.

Despite the difficulty in arriving at definitive diagnoses for these men, the evidence of antisocial behavior is extensive. The relatively high incidence of alcoholic fathers, broken homes, and emotional and legal problems among immediate family members is consistent with reports of other investigators (13-15).

Direct comparison with other groups of adolescents on a number of social history and alcohol experience items (Table 2) indicated a relatively high incidence of antisocial behavior in the young alcoholic population of the Navy. The difference in average ages for the two populations—17 years for the civilian groups and 18.5 years for the Navy group—could partly account for

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the more extensive antisocial histories in the Navy group but not entirely. The majority of the civilian adolescents were still in school and living at home and possibly had more opportunity to engage in antisocial behavior than the Navy population (16,17).

Insert Table 2 about here

Similarities in background characteristics among the young Navy alcoholics and several groups of Navy drug abusers and a group of non-users are shown in Table 3. These data suggest that the alcoholic group was more similar to the drug abusing groups than to recruits identified as non-users. Table 4 shows a striking similarity between the young alcoholics and heavy pre-service drug abusers on indicators of maladjustment. In the studies of the drug abusing population, negative family and social history were associated with greater pre-service drug involvement, and this, in turn, was predictive of heavier in-service drug use and poor service adjustment (18-20).

Insert Tables 3 and 4 about here

Certain results require caution in interpretation. The percentage of men reporting blackouts was extremely high. In a study of older hospitalized alcoholics approximately two-thirds of the men reported blackouts but typically were referring to an advanced stage of their illness (21). The possibility should be considered that blackout experiences mean something different in a population of young men with shorter histories of alcohol abuse. On the other hand, the extent of the physical symptoms reported and the indications that physicians had frequently diagnosed severe problems due to

alcohol suggest a more rapid course of the illness for some of these young men.

In the previous reports on outcome of treatment for alcoholism in young men (2,4), it was suggested that the Navy could initiate more effective screening at the time of referral to alcohol rehabilitation in order to eliminate those men likely to be unsuccessful. A second suggestion was that rehabilitation programs be specifically designed to treat the kinds of problems these men present. If the first of these suggestions were implemented, the bulk of the 17- to 19-year old men who are now referred for treatment would not be. Considering the current evidence of extensive antisocial behavior both before and during their brief service careers and low effectiveness rates, it seems unlikely that outcome statistics will improve. The designing of rehabilitation programs to treat antisocial problems is a difficult task. There are few procedures known to treat these problems effectively (22). Further, Navy officials may question the appropriateness of providing such treatment for men whose problems appear to have existed prior to enlistment.

Few alternatives remain. More careful review of the background histories of men presenting themselves for enlistment could be undertaken to admit only those men with the most favorable histories. In this connection, it was noted in a recent study of service-wide alcoholism programs that little or no information is obtained about drinking habits or alcoholism at the time of induction into the various services (24). Any screening of potential enlistees must be related to the manpower needs of the Navy. If manpower requirements do not permit setting standards that would eliminate men with unfavorable histories, then the emphasis should be on including elements in basic

training that will promote the maturation process in these men. Late adolescence and early adulthood represent a critical period in personal development; what happens to individuals during these years may have more influence on subsequent adjustment than experiences earlier in adolescence (24). It also is known that peer group influences increase in late adolescence. It seems particularly important, then, to give special attention to the maturity and emotional stability of leaders as well as to group influences during basic training in order to facilitate needed growth and change among those young men with special adjustment problems.

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Table 1
Percentage Distributions on Descriptive Variables
for Young Alcoholics (Age 17 to 19)

<u>Variable</u>	<u>Percentage</u>
I. <u>Demographic Background</u>	
Age on admission to alcohol rehabilitation	
17 years old	6.3
18 years old	30.8
19 years old	62.9
Pay Grade	
E-1	24.2
E-2	45.5
E-3	21.9
E-4	8.4
Length of Service	
≤ 2 years	97.0
> 2 years	3.0
Ethnic Origin	
Mexican-American	4.2
Other Caucasian	84.4
Black	3.9
American Indian	6.0
Other	1.5

	<u>Percentage</u>
Marital Status	
Single, Never Married	90.7
Married	7.2
Widowed, Separated, Divorced	2.1
II. <u>Family Background</u>	
Came from Broken Home, Yes	54.4*
Adopted, Yes	16.1
Father Heavy Drinker or Alcoholic	41.0*
Mother Heavy Drinker or Alcoholic	11.7*
Had One or More Close Relatives (Real Parents, Full Brother or Sister)	
Admitted to Hospital for Mental Problems	22.7
Seen by Psychiatrist/Psychologist/Mental Health Worker	28.1
Convicted of Felony	18.1
Depressed \geq 2 Weeks, Unable to Carry Out Usual Activities	27.1
With Health Problem Because of Abuse of Illegal or Prescription Drugs	18.4
III. <u>Personal and Social Adjustment</u>	
Did Not Graduate from High School	72.4

*Based upon the questionnaire given at the end of rehabilitation (N = 205).

III. <u>Personal and Social Adjustment</u> (continued)	<u>Percentage</u>
Suspended or Expelled from Grade School or High School	
Never	35.7
1-2 times	31.8
3-7 times	21.6
≥ 8 times	10.8
Failed One or More	
Grades	37.2
Courses	58.6
Played Hooky Last 2 Years in School	
Never	10.2
1 time a semester	6.6
2-10 times a semester	42.6
11-30 times a semester	25.5
> 30 times a semester	15.1
Ran Away from Home Age < 15 Years	41.3
Spent Time in Reform School	16.3
Treated by Mental Health Worker	27.0
Police or Arrest Record for Offenses Committed < 16 Years	30.0
Wandered for > 3 Months without Job	20.7
Used an Alias	17.7
Police or Arrest Record for Misdemeanor < 16 Years	41.0
Police or Arrest Record for Felony > 16 Years, Adult	15.6
Spent Time in Civilian Jail	61.1

III. <u>Personal and Social Adjustment</u> (continued)	<u>Percentage</u>
Had Moving or Traffic Violations Last 3 Years	57.8
IV. <u>Military Adjustment</u>	
Has Disciplinary Action Pending at Time of Admission to Rehabilitation	30.1
Has Been Put on Report While in Service	84.7
Has Had Captain's Mast	68.3
Has Had Court-Martial	9.0
Has Spent Time in Brig	22.2
Has Been Reduced in Rate	33.1
Is Indifferent, Uncertain, or Dissatisfied with Job Specialty	57.5
V. <u>Alcohol Related History</u>	
Number of Years Has Had Alcohol Problem	
≥ 3 years	28.8
> 3 years	56.2
None	15.0
Has Tried A.A.	47.3
Time "On Wagon" since Began Having Alcohol Problem	
Never	27.4
≤ 1 month	47.6
> 1 month	25.0
Age Began Drinking ≤ 16 Years	89.8*
Trouble in School Because of Alcohol Problem	45.8*

*Based upon the questionnaire given at the end of rehabilitation (N = 205).

	<u>Percentage</u>
Missed Promotion due to Alcohol Problem	41.2*
Demotion due to Alcohol Problem	35.2*
Had Following Problems Because of Alcohol	
"Shakes on the Morning After"	60.8
Hallucinations	24.2
Convulsions	13.6
Vomiting Blood	18.6
Blackouts, Can't Remember What He Did while Drinking	88.8
Doctor Said He had Pancreatitis	1.8
Doctor Said He had Liver Problem	5.1
Saw a Doctor, Psychologist, Social Worker, or Counselor for Help to Stop Drinking	44.1
Number of Cases	334

*Based upon the questionnaire given at the end of rehabilitation (N = 205).

Table 2

Comparison of Young Navy Alcoholics and Two Civilian Adolescent Samples
Referred for Alcohol Problems on Selected Social History
and Alcohol Experience Items

<u>Variables</u>	<u>Percentages</u>		
	<u>Group A^a</u>	<u>Group B^b</u>	<u>Navy Alcoholics</u>
Skipped School, Yes	66	--	90
Suspended/Expelled, Yes	37	33	64
Failed a Course	47	50	59
Failed a Grade	10	20	37
Used an Alias	10	14	18
Ran Away from Home	12	20	41
Arrests Prior to Age 16	25	33	30
Spent Time in Jail	32	--	62
Seen by Mental Health Worker	12	--	27

^aGroup A--40 adolescents admitted to an alcohol information and referral service. Average age was 17 years; 77% were still in school, and 78% were male.

^bGroup B--227 adolescents admitted to an alcohol counseling and education center. Average age was 17.2 years; 70% were still in school, and 90% were male.

<u>Variables</u>	<u>Percentages</u>		
	<u>Group A</u>	<u>Group B</u>	<u>Navy</u> <u>Alcoholics</u>
Alcohol Related Problem:			
Missed School/Work	32	--	67
Auto Accident	10	20	38
Went to Hospital	5	--	32
Shakes	10	13	61
Blackouts	50	56	89
Tried to Stop Drinking	2	10	65

Table 3
Comparison of Young Navy Alcoholics and
Navy Drug Abusers and Non-Users on
Selected Social History Variables

<u>Variables</u>	<u>Recruit Samples</u>		<u>Rehabilitees</u>	
	Non-Drug	Drug	<u>Drug</u>	<u>Alcohol</u>
	<u>Users</u>	<u>Abusers</u>		
Completed High School	72 ^a	46	56	28
Expelled/Suspended More than Once	16	48	30	46
Arrested/Jailed	16	46	38	61

^aPercentages

Table 4
Comparison of Young Navy Alcoholics and
Heavy Pre-Service Drug Users on Selected Social History Variables

<u>Variables</u>	Heavy	
	<u>Pre-Service</u> <u>Drug Users</u>	<u>Alcohol</u> <u>Rehabilitees</u>
Came from Broken Home	42 ^a	54
Spent Time in Jail	55	61
Did Not Graduate from High School	68	72
Pre-service Visit to Psychiatrist or Mental Health Worker	22	27
Expelled or Suspended from School	74	64

^aPercentages.

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